

QUARRY CONTRACTORS

Certificate of Approval Permitting Procedures and Checklist

Attached please find the entire application package for the DMM60Q Quarry Contractor Certificate of Approval. These forms can be found at <https://www.minesafety.wv.gov>

Please read these instructions carefully - This should help you to identify what is required for permitting. Please direct any questions to the MHST Charleston office on the attached Permitting Contacts page.

1. DMM-60Q Certificate of Approval permit application
2. One-time non-refundable \$50.00 permit fee.
3. Quarry Contractor General Information (2 pages) - ALL pages **MUST** be completed and include the last four digits of the owner/officers Social Security numbers, as well as their title. **PERMITS WILL NOT BE RELEASED WITHOUT THE OWNER INFORMATION.**
4. WV Division of Labor forms (3 pages) (Wage Bond may be required) For instructions see next page
5. If your business is *Incorporated*, a *Corporation*, *PLLC* or *LLC* - you **MUST** be registered with the WV Secretary of State's Office (WVSOS).
 - Include a copy of the WVSOS *Certificate of Authority*.
6. Copy of WV State *Business Tax Registration*
7. Proof of Workers Compensation. **MUST provide copy of certificate of coverage.**
8. Compliance with Bureau of Unemployment Compensation
 - Will be verified on default database
9. Submit CMSP and forms for review and approval to the local regional office. **See location and addresses at the bottom of these instructions**
 - Initial Submittal forms for the Comprehensive Mine Safety Program (CMSP) - NO FEE REQUIRED
 - Written Comprehensive Mine Safety Program (CMSP), inclusive of the task specific sheet. A sample is available on our webpage.

ALL FORMS MUST HAVE AN ORIGINAL SIGNATURE

Signatures MUST be that of an Owner, Partner, LLC member or Corporate Officer

ALL FORMS AND INFORMATION MUST BE SUBMITTED, AND AN APPROVED CERTIFICATE OF APPROVAL MUST BE ISSUED

PRIOR TO ANY WORK COMMENCING ON QUARRY PROPERTY!!

Submit items 1 through 7 with your fee and attached copies to:

7 Players Club Dr., Suite 2, Charleston, WV 25311/(304) 558-1425; FAX: (304) 558-6091

Submit item 9 (both sets of forms) to one of the following Regional Offices for review and approval by a MHST Safety Instructor:

For a map outlining the counties located within the regional offices, go to:

<https://www.minesafety.wv.gov/regionmap.htm>

Region 1 - 14 Commerce Dr., Suite 1, Westover, WV 26501 (304) 285-3286 FAX (304) 285-3275

Westover covers northern WV and surrounding states

Region 2 - 8' \$ J]f[]b]U'5j Ybi Y, Welch, WV 24801 (304) 436-8421 FAX (304) 436-2100

Welch covers southern WV and surrounding states

Region 3 - 431 Running Right Way, Julian, WV 25529 (304) 369-7823 FAX (304) 369-7826

Region 4 - 337 Industrial Dr., Oak Hill, WV 25901 (304) 469-8100 FAX (304) 469-4059

Oak Hill covers central and southeast WV and surrounding states

If the nature of your work or the location changes from what was submitted on the original Certificate of Approval, you **MUST** submit these modifications to the permit **IN WRITING** to the Charleston office. A new general information sheet, other additional forms, additions to the CMSP, miner certifications, or training may also be required.

If you decide to close your company, you must notify our Charleston office **IN WRITING WITHIN 60 DAYS**, stating the company name, WV permit number, and an effective date of the closure. The letter **MUST** be signed by the *Owner, Partner, LLC member or Corporate Officer*. You may FAX the notice to (304) 558-6091. Before the permit may be closed, all outstanding or delinquent assessments must be paid in full. Please contact the Assessment Officer at (304) 436-8421 to determine what fines, if any, are outstanding.

If the company name were to change, or the Federal Employers Identification Number (FEIN) changes from what is submitted on the original paperwork we currently have on file, this will require a **NEW PERMIT**, and must go through the permitting process again for a new permit.

WV Division of Labor

ALL Division of Labor forms **MUST** have an original Company Official's signature. Signature **MUST** be an *Owner, Partner, LLC member or Corporate Officer*.

- **DMM-1CC** Division of Labor Tracking Sheet
- **Affidavit (MUST BE SIGNED AND NOTARIZED)**

If the applicant company has been in business for less than five years, and has one or more employees, depending on the nature of the work they may need to contact the Division of Labor about posting a Wage Bond.

Companies operated by the Owner / Operator are exempted from this requirement, but must still complete ALL paperwork.

- **Exemption Request** from the Contractors Licensing Act application. Complete form and be specific in detailing the on-site work on the bottom of the form. Labor will use this information to make the determination for the exemption.

Applicant company must have one of the following:

- Exemption letter from the Division of Labor Contractor Licensing (**this letter does not exclude you from MHST requirements for permitting.**), or
- Contractors' License from the Division of Labor Prior to release of MHST Certificate of Approval. To inquire whether a license is required, the contractor may contact the Division of Labor at (304) 558-7890 and ask for the Contractor Licensing section. Applicants need to be **VERY** specific in describing the nature of the work to be performed and equipment used.

WV Insurance Commission (Workers' Comp)

- Copy of current Workers' Compensation Certificate of Coverage.

Effective July 1, 2008, the Workers' Compensation requirement has been expanded to allot for carriers that have made filings with the Rates and Forms Division of the Insurance Commissioner's offices to verify coverage for applicant companies. For additional information, contact the WV Insurance Commissioner's office at (304) 558-6279.

It is recommended that all paperwork submitted by the Quarry Contractor should be copied and maintained for your own records. Exemptions issued through one State agency does not exempt the requirements of other State agencies with which you must be in compliance for the issuance of this permit.

The Quarry Contractor Certificate of Approval is a one-time permit, but you will need to update your Comprehensive Mine Safety Program each year by the anniversary date. You will receive the paperwork for renewal in the mail when you are due for renewal.

Additionally, Quarry Contractors will be required to submit monthly man hours while on site on forms available on our website.

WV OFFICE OF MINERS' HEALTH, SAFETY & TRAINING PERMITS ARE NON-TRANSFERRABLE

PLEASE NOTE: Your permit application is NOT complete until you have DMM-60Q documents returned to you from the WV Office of MHST.

1. A signed copy of the DMM-60Q Certificate of Approval
2. An approved Comprehensive Mine Safety Program letter that provides the one-year Anniversary Date of your program.

Permitting Contacts

<u>Agency</u>	<u>Webpage</u>	<u>Telephone</u>
MHST Charleston Office Quarry Contractor Certificate of Approval	www.minesafety.wv.gov	(304) 558-1425 (304) 957-2313
WV Division of Labor Wage Bonding Contractor Licensing	www.wvlabor.org	(304) 558-7890 ext. 144 ext. 161
WV Secretary of State To register to do business in West Virginia	www.wvsos.com	(304) 558-6000
WV Department of Tax & Revenue To obtain Business Tax Registration	www.wva.state.wv.us/wvtax	(304) 558-3333
WV Insurance Commission Workers' Compensation	www.wvinsurance.gov	(304) 558-6279
WV Bureau of Employment Programs	www.wvbep.org/bep	(304) 558-1281
WV Public Service Commission CRT Overweight Truck Stickers	www.psc.state.wv.us	(304) 340-0300

State of West Virginia
Office of Miners' Health, Safety & Training
7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
minesafety.wv.gov

**CERTIFICATE OF APPROVAL
For Quarry Contractors**

Company Name _____
 DBA _____
 WV Permit Number _____ MSHA ID Number _____
 Mailing Address _____

 Telephone Number () _____ City _____ State _____ ZIP _____
 E-mail _____
 Number of Employees Working at WV Quarry properties _____ (minimum of one employee)

Having complied with statutory requirements set forth in WV CSR 56-20-26, the above named contractor has the right to provide contract services at Quarry operations in the State of West Virginia.

_____ **QUARRY operations ONLY**

NOTES: A copy of this certificate of approval must be available at the quarry site where the above named Quarry Contractor is providing services.

THIS QUARRY ONLY PERMIT DIFFERS FROM THE INDEPENDENT CONTRACTOR CERTIFICATE OF APPROVAL FOR COAL MINE PROPERTY. THE QUARRY ONLY CERTIFICATE OF APPROVAL DOES NOT ALLOW YOU TO WORK ON COAL MINE PROPERTY.

Signature (must be an owner, partner, LLC member or corporate officer)

Printed Name

DIRECTOR OR AUTHORIZED REPRESENTATIVE
Office of Miners' Health, Safety & Training

Date of Approval

NOTE: One time \$50 non-refundable, non-transferable fee / Permit DOES NOT expire
 QUARRY CONTRACTORS ARE REQUIRED TO COMPLY WITH THE QUARRY REGULATIONS AND APPLICABLE LAW NOTED IN THE QUARRY REGULATION PUBLICATION. Copies may be purchased from the publication link on our website at minesafety.wv.gov.

FOR MHST OFFICE USE ONLY

_____ \$50.00 Permit Fee _____
 _____ Comprehensive Mine Safety Program – Anniversary Date _____
 _____ LOOKBLOCK _____
 _____ Division of Labor _____
 _____ Workers Compensation _____
 _____ Bureau of Employment Programs _____

CSR 56-20-26. Independent Contractor Register. 26.1 All independent contractors as defined shall register with the West Virginia Office of Miners' Health, Safety and Training within sixty (60) days of the effective date of the rules and receive a contractor identification number before performing services or construction work at quarries in this state. A one-time fee of fifty dollars (\$50.00) will be required to register.

26.2 In the event the quarry-only independent contractor ceases working on quarry mine property, they shall notify the Director in writing within sixty (60) days.

26.3 The quarry-only independent contractor permit is for work performed at quarries only and does not include working on coal mine property.

26.4 To register, all independent contractors shall provide the West Virginia Office of Miners' Health, Safety and Training the following information on forms provided by the West Virginia Office of Miners' Health, Safety and Training:

- a. The independent contractor's trade name, business address, and business telephone;
- b. A general description of the nature of the work to be performed by the independent contractor; and
- c. The independent contractor's address of record for service of citations or other documents involving the independent contractor.

26.5 If any of the above information changes, the independent contractor shall advise the West Virginia Office of Miners' Health, Safety and Training of such change within thirty (30) days.

26.6 Upon receipt of the above information, the West Virginia Office of Miners' Health, Safety and Training shall issue a contractor identification number. Prompt issuance of the contractor identification number shall not be unreasonably withheld.

26.7 Prior to performing work at the quarry, each independent contractor shall provide the production operator the information contained in subsection 26.4, along with his West Virginia Office of Miners' Health, Safety and Training contractor identification number.

26.8 Each production operator shall maintain in writing at the quarry the information required by subsection 26.7 for each independent contractor at the quarry. The production operator shall provide the above information to an authorized representative of the Director upon the beginning of any inspection.

CSR 56-20-27 Service of Documents; Independent Contractors. Service of notices, orders, and other documents upon independent contractors shall be completed upon delivery to the independent contractor at the work site and mailed to the independent contractor's address of record. A copy of all notices, orders, and other required documents shall be posted on a conspicuous bulletin board at the work site.

CSR 56-20-28. Address of Record and Telephone Number; Independent Contractors. The address and telephone number required under this section shall be the independent contractor's official address and telephone number for purposes of Chapter 22A of the West Virginia Code and these rules. Service of documents upon the independent contractors may be proved by a certified mail return receipt showing that the documents were delivered to the address of record, or showing that the independent contractor is no longer at that address and has established no forwarding address because delivery was not accepted at that address, or that no such address exists. Independent contractors may request service by delivery to another appropriate address of record provided by the independent contractor.

CSR 56-20-29. Enforcement of Citations and Orders. 29.1 These rules shall not be construed to limit the basic compliance responsibilities of production operators. Overall compliance responsibility of production operators shall include assuring compliance with the West Virginia Code provisions and rules which apply to the work being performed by independent contractors at the quarry.

29.2 It is the general enforcement policy of the West Virginia Office of Miners' Health, Safety and Training that the independent contractor will be held responsible for violations committed by the independent contractor or its employees where the production operator has complied with Section 26 of these rules.

29.3 Enforcement action against production operators for violations which involve independent contractors may be taken by the West Virginia Miners' Health, Safety and Training where the production operator has contributed to the existence of a violation, or the production operator's miners are exposed to the hazard, or the production operator has control over the existence of the hazard.

29.4 A production operator may be properly cited for a violation of the rules involving an independent contractor where:

- a. The production operator has contributed by either an act or an omission to the occurrence of a violation in the course of an independent contractor's work; or
- b. The production operator has contributed by either an act or omission to the continued existence of a violation committed by an independent contractor; or
- c. The production operator's miners are exposed to the hazard; or
- d. The production operator has control over the condition that needs abatement.

29.5 In addition to the provisions of Section 29.4 of these rules, the production operator may also be required to assure continued compliance with the West Virginia Code and rules applicable to an independent contractor at the quarry until the contractor is fully able to assume compliance responsibility.

29.6 Whenever a mine operator finds a violation or imminent danger in an area where an independent contractor is operating, such inspector shall make a determination whether to issue the appropriate Notice of Violation or order to either the production operator or the independent contractor, or both, based upon the criteria set out in sections 29.2 and 29.3 of these rules.

29.7 In instances where the work performed will last five (5) days or less at quarry operations, an independent contractor's identification number will not be required. No more than five (5) days' work in a calendar year will be allowed without obtaining a contractor identification number issued by the West Virginia Office of Miners' Health, Safety & Training.

29.8 Independent contractors working at quarries shall comply with Title 56, Series 8 of the West Virginia Administrative Rules.

STATE OF WEST VIRGINIA
Office of Miners' Health, Safety and Training
7 Players Club Drive – Suite 2
Charleston, West Virginia 25311-1626

Website: minesafety.wv.gov

QUARRY CONTRACTOR GENERAL INFORMATION

WV Permit No. _____ MSHA ID No. _____ FEIN No. _____
Workers Comp. Policy No. _____ Effective Dates of Policy _____
Company Name _____
E-Mail Address: _____
Mailing Address _____
City _____ State _____ ZIP _____
County _____ Company Phone _____ No. of Employees _____

Site preparation _____	Drainage _____	Contract Labor (Providing Employees as Miners) _____
Electrical _____	Explosives _____	Maintenance _____
Construction _____	Type of Construction _____	
Reclamation _____	Trucking _____	Material transported _____
Other (Please be specific) _____		

QUARRY ONLY _____

Is this company registered with the Secretary of State to conduct business in West Virginia? (Y/N) _____
Does this Company provide in-house training? (Y/N) _____
Certified Person Responsible For Training _____
Title: _____ Telephone: _____

APPROVED COMP. MINE SAFETY PROGRAM (Y/N) _____ Anniversary Date _____
Company Contact Person: _____ Title: _____
Telephone: _____

If this company has no employees other than the owner/operator, please list an emergency contact for that individual:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS
(Assessments will be sent to this address unless otherwise specified):

Name _____ Title _____ Phone _____
Address _____
PO Box _____ City _____ State _____ ZIP _____

Signature (Must be an owner, partner, LLC member or corporate officer)

Date

Printed Name of Signature

YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM

PERMIT APPLICATION

OWNERS – OFFICERS

WV PERMIT _____

In accordance with the Federal Privacy Act, 5 USC 552a, and 1974 addendum Public Law 93-579 7(b), please provide the names, titles and social security numbers of every officer, partner, resident agent, director, or person performing a function similar to a director, together with the names and titles of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant: (use attachments as necessary). **PLEASE NOTE: We now ask for the last four (4) digits of social security numbers. This information is required for identification purposes for our permit issuance system. This information is required.**

AGENT:

Name _____ Last four digits of SSN: xxx-xx-_____

Address _____
Address City State ZIP

Telephone No. _____ E-mail Address: _____

OWNERS / OFFICERS

Please list ALL company officers

(Must be an owner, partner, LLC member or corporate officer)

	First Name	MI	Last Name	Last four digits of SSN:	Title
1.	_____	_____	_____	xxx-xx-_____	_____
2.	_____	_____	_____	xxx-xx-_____	_____
3.	_____	_____	_____	xxx-xx-_____	_____
4.	_____	_____	_____	xxx-xx-_____	_____
5.	_____	_____	_____	xxx-xx-_____	_____
6.	_____	_____	_____	xxx-xx-_____	_____
7.	_____	_____	_____	xxx-xx-_____	_____
8.	_____	_____	_____	xxx-xx-_____	_____
9.	_____	_____	_____	xxx-xx-_____	_____
10.	_____	_____	_____	xxx-xx-_____	_____

(If additional owners/officers are to be listed, use additional sheet(s))

Do Not Write Below This Line

Miners' Health, Safety and Training use only:

Company ID _____

File Update _____

Incomplete _____

REGIONAL OFFICE ADDRESSES

REGION I

WV MHS & T
14 COMMERCE DR., STE. 1
WESTOVER, WV 26501
(304) 285-3268

REGION II

WV MHS & T
830 VIRGINIA AVENUE
WELCH, WV 24801
(304) 436-8421

REGION III

WV MHS & T
431 RUNNING RIGHT WAY
JULIAN, WV 25529
(304) 369-7823

REGION IV

WV MHS & T
337 INDUSTRIAL DR
OAK HILL, WV 25901
(304) 469-8100

Signature – Contractor Licensing Division

Wage Bond Status Affidavit

West Virginia Division of Labor
Capitol Complex, Building 6, Room 749B
Charleston, WV 25305

Phone (304) 558 7890
Fax (304) 558 3797
<http://www.wvlabor.org>



(Company Name)		(dba Name)	
(Street Address)		(City)	(State) (Zip)
Project Location			
FEIN OR WV TAX #		PHONE #	

Type of business: Construction _____ Mining _____ Transportation of Minerals _____

One of the following two sections must be fully completed by the individual or company submitting the affidavit.	
BOND EXEMPTIONS (Check if Applicable) _____ Work is limited to single family dwellings and/or family farming enterprises _____ No current employees _____ Subcontracts all work _____ Permit Holder Only _____ Owner Operator / Sole Prop. If no boxes were checked above, you must complete the box to the right. →	Has your company been ACTIVELY engaged in business in West Virginia with employees for the past five (5) consecutive years? _____ YES: If you have not maintained an unemployment account with Workforce WV for the last five consecutive years, verification may be required. _____ NO: State gross amount of payroll for four (4) weeks plus 15% at FULL CAPACITY or PRODUCTION: \$ _____ covering a total of _____ employees working in West Virginia. If operations have not yet begun: Indicate anticipated start date: _____ Expected gross amount of payroll for four (4) weeks plus 15% at FULL CAPACITY or PRODUCTION: _____ covering a total of _____ employees working in WV.

I _____ as _____
(print name of owner, partner, member or corp. officer) (enter title)

of the above named entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that failure to maintain an adequate wage bond may result in administrative and/or criminal action.

(signature of owner, partner, member or corp. officer)

(date)

Taken, subscribed, and sworn to before me this _____ day of _____, 20_____.

(Notary Public Signature)

My commission expires _____

**EXEMPTION REQUEST
WEST VIRGINIA CONTRACTOR LICENSING ACT**

Please fill in this form and mail or fax to:

**West Virginia Contractor Licensing Board
State Capitol Complex
Building 6, Room 749B
Charleston, WV 25305
PHONE: (304) 558-7890 FAX: (304) 558-5174**

Business Name: _____

DBA: _____

Mailing Address _____

City: _____ State: _____ ZIP _____

Telephone Number: _____ FAX: _____

E-mail: _____

WV Business Registration Tax Number: _____

Federal Employers Identification Number (FEIN): _____

Have you been asked to produce a *West Virginia Contractor License* or an *Exemption* to gain access to a work site?
_____ Yes _____ No

If so, the request was made by : _____

Address: _____

**PLEASE BE SPECIFIC AND ATTACH THE SCOPE OF WORK THAT WILL BE PERFORMED AND THE
TYPE(S) OF EQUIPMENT YOU WILL USE.**

(An exemption will **NOT** be issued without a detailed scope of work.)

Print or type name: _____

Signature (must be an owner, partner, LLC member or corporate officer)

Date